

**SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF DELAWARE**

**In the Matter of the Petition to Close the Supplemental
Needs Trust for the Benefit of**

**PETITION TO CLOSE SUPPLEMENTAL
NEEDS TRUST (Trustee)**

File No. _____

TO THE SURROGATE'S COURT OF THE COUNTY OF DELAWARE:

1. The name and permanent address of petitioner (trustee) and the name and permanent address and birth date of the beneficiary, are as follows:

Name of trustee: _____ Phone Number: _____

Permanent Address: _____

Relationship to beneficiary: _____

Name of beneficiary: _____

Permanent Address: _____

Date of birth: _____

2. The trustee has custody and control of the Supplemental Needs Trust assets for the benefit of _____ which has now been used for the benefit of _____.

The sum of \$ _____ was originally deposited in the Supplemental Needs Trust, Account No. _____ held at _____.

(Name and Address of Depository)

[Attach additional sheets as needed]

3. I have informally accounted to the beneficiary whose consent to this petition is submitted herewith.

4. There are no persons interested in this proceeding other than those herein above mentioned.

WHEREFORE, petitioner requests an order closing the Supplemental Needs Account, discharging petitioner as trustee, closing the proceeding on file with the Court, and for such other relief as may be proper.

Dated: _____

Signature of Petitioner

Print Name

STATE OF _____)
COUNTY OF _____) ss.:

I, the undersigned petitioner being duly sworn, say: That I have read the foregoing petition, subscribed by me and know the contents thereof, and that the same is true of my own knowledge, except as to those matters, I believe it to be true.

Signature of Petitioner

Print Name

Sworn to before me this _____
day of _____, _____

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

**CONSENT OF SUPPLEMENTAL
NEEDS TRUST BENEFICIARY**

I, _____, residing at _____ do hereby
state:

I hereby join in the within petition and consent to the relief requested.

_____, as trustee, has informally accounted to me for the administration of all
property which was received by said trustee and I hereby request that said trustee be discharged, and the court's proceeding be closed.

Dated: _____

Signature of SNT Beneficiary

Print Name

STATE OF _____)
COUNTY OF _____) ss.:

On the _____ day of _____, _____, before me personally came
_____, to me known to be the person described in and who executed the foregoing instrument. Such person
duly swore to such instrument before me and duly acknowledged that _____ executed the same.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel.No.: _____

Address of Attorney: _____